

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

1877

-61-006785
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

AMENDED

FILED MAR 7 1961

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis				a. STATE Illinois			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis				b. COUNTY Clinton			
c. FULL NAME OF (If NOT in hospital, give location) St. Lukes				c. CITY OR TOWN E. Fork Township			
Length of stay in 1b 75 days				d. STREET ADDRESS RR 2 Shattuc, Ill.			
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last Maggie Bertie Orrell				Month Day Year 2 24 61			
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-15-92	
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home			
11. BIRTHPLACE (City and state or country) Clinton Co. Ill.				12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME James Lewis				13b. MOTHER'S MAIDEN NAME Mattie Smith			
14. NAME OF HUSBAND OR WIFE Charles Orrell							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				17. INFORMANT Charles Orrell RR2 Shattuc, Ill			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH 3 yrs.			
IMMEDIATE CAUSE (a) <u>Hepatic failure.</u>							
DUE TO (b) <u>Cirrhosis - Biliary.</u>							
DUE TO (c) <u>Chronic cholangitis 581.0</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Fibrosis of Pancreas</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 1, 1961</u> to <u>2/24/61</u> and last saw her <u>her</u> on <u>2/24/61</u> Death occurred at <u>9:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James A. Deuman M.D.</u>				22b. ADDRESS <u>5535 Delmar</u>		22c. DATE SIGNED <u>2/24/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-26-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Clark</u>		23d. LOCATION (City, town, or county) (State) <u>E. Fork Twp Ill.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Zieren-Day Carlyle, Ill.</u>				25. DATE RECD. BY LOCAL REG. <u>FEB 24 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>	

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not embalmed., Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James R. Dury
Licensed Embalmer No. Ill. No. 8

P. O. Address 1091 Franklin
Carlyle

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.